

2012 Summer Volleyball Academy



**Camp Director: Denny Werner**

* J-Stroke VBC Coach (3 years) and Garden Spot HS Head Coach (14 years)
* J-Stroke VBC Coach…(10 medals and 7 top 10 finishes @ MLK, Capitol Classic, NEQ and Happy Volley)
* Garden Spot HS Coach…(226 wins and 92 losses in 14 seasons, 4 Lancaster Lebanon League Sect 2 Championships, LL League Championship, PIAA AAA Runner Up)
* PVCA District 3 Rep, PVCA District 3 All Star Coach, PVCA AAA Top 10 Coordinator, PVCA AAA All State Committee

***Camp Dates/Times/Cost:***

**$125 per camper**

*Middle School Camp: 4th – 7th Grade, July 16th – 20th 8:30am - 11:00am daily*

*High School Camp: 8th -11th Grade, July 16th – 20th 1:00pm - 3:30pm daily*

***Camp Location:***

*Wyomissing First Church of the Brethren, 2200 State Hill Road, Wyomissing, PA 19610*

***About the camp…***

*J-Stroke Summer Volleyball Academy, under the direction of Camp Director, Denny Werner, will build on the players’ existing skills while guiding them in competitive drills and skill development with the goal of preparing them for their fall Middle School and High School Volleyball seasons. (A maximum of 20 kids will be taken for each camp for optimal instruction.)*

Questions? Please contact Denny Werner – [djnw2309@aol.com](mailto:djnw2309@aol.com) or 610-698-9434



**Summer Volleyball Academy Registration Form**

**Name Age**

**Camp Attending: (check one) MS Camp HS Camp**

**Address**

**City State ZIP**

**Home Phone # School**

**E-Mail Address**

**Emergency Contact Phone #**

**T-Shirt Size (Circle One) Youth S M L Adult S M L XL XXL**

**Make Checks Payable to: *J-Stroke Volleyball Club***

**Mail Registration Form and Check to:**

**Denny Werner, 304 Elizabeth Drive, Sinking Spring, PA 19608**

**REGISTRATION DEADLINE: June 22nd ($125), $5 discount ($120) if paid by June 1st**

***Informed Consent***

I acknowledge that volleyball is a challenging physical activity and that my child’s participation in a volleyball camp can cause potential serious injury up to and including death, or property damage. With a full understanding of the risks, I ASSUME THE RISKS OF MY CHILD’S PARTICIPATION IN THIS VOLLEYBALL CAMP. On behalf of myself and my child, our executors, administrators, heirs, next of kin, successors and assigns, I hereby: a) WAIVE, RELEASE, AND DISCHARGE J-Stroke Volleyball Club, its officers, directors, employees, representatives, and agents, including without limitation Dennis Werner, Camp Director, from any and all claims or liabilities for my child’s death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF THEIR GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT, which arise out of or relate to participation in the J-Stroke volleyball camp; b) AGREE NOT TO SUE any of the persons or entities named above for any of the claims or liabilities that I have waived, released or discharged herein; and c) INDEMNIFY AND HOLD HARMLESS the persons or entities named above from any claims made or liabilities assessed against them as a result of my child’s participation in the camp.

The likelihood of injuries, damages or death may be lessened by adhering to the safety rules set by the Camp Director. I agree to instruct my child to immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to the Club Director. I further certify that my child’s level of physical condition is consistent with the demands of active participation in volleyball. Following is a full and complete list of my child’s known health conditions that may affect her ability to participate.

I have carefully read the foregoing document and had the opportunity to ask questions and have them answered. I understand the risks involved in my child’s participation in the J-Stroke Volleyball Camp and I am voluntarily enrolling her to participate.

PARENT or GUARDIAN SIGNATURE DATE